

4.0 CHEST PAIN

4.1 Do you ever have any pain or discomfort in your chest? YES 1 q5q4_1
 NO 2
 9=missing

If NO, go to question 5

If YES, please answer the following questions:-

4.2 Where do you get this pain or discomfort?
 Mark X on the appropriate places

Note: Areas of pain/discomfort are numbered 2-9. If more than 3 positions are marked then positions 4,5,8 take priority over other positions.

4.3 When you walk at an ordinary pace on the level, does this produce the pain?
 YES 1 q5q4_3
 NO 2

4.4 When you walk uphill or hurry, does this produce the pain?
 YES 1 q5q4_4
 NO 2

4.5 When you get any pain or discomfort in your chest on walking, what do you do?
 Stop 1 q5q4_5
 Slow down 2
 Continue at the same pace 3

4.6 Does the pain or discomfort in your chest go away if you stand still?
 YES 1 q5q4_6
 NO 2

4.7 How long does it take to go away?
 10 minutes or less 1 q5q4_7
 more than 10 minutes 2

5.0 SEVERE CHEST PAIN

5.1 Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

YES	<input type="checkbox"/>	1	q5q5_1
NO	<input type="checkbox"/>	2	

IF YES

5.2 Did you see a doctor because of this pain?

YES	<input type="checkbox"/>	1	q5q5_2
NO	<input type="checkbox"/>	2	

5.3 What year(s) did this happen?

q5q5_3

6.0 ILLNESS AND INJURY

6.1 In the last 5 years, have you had any illness or injury which has kept you off work for more than one month?

YES	<input type="checkbox"/>	1	q5q6_1
NO	<input type="checkbox"/>	2	

Not applicable e.g. if unemployed =8

6.2 If YES, how many times

Once	<input type="checkbox"/>	1	q5q6_2
Twice	<input type="checkbox"/>	2	
Three times	<input type="checkbox"/>	3	q5q6_2a
More	<input type="checkbox"/>	4	

6.2a Still off work - on going sickness ==> coded as 1

6.3 How long was the longest period off work with illness or injury?

q5q6_3

.....

6.4 What was the illness/injury?

q5q6_4

.....

7.0 WEIGHT

7.1 Has your weight since you were examined 5 years ago?

No change	<input type="checkbox"/>	1	q5q7_1
Increased	<input type="checkbox"/>	2	
Decreased	<input type="checkbox"/>	3	
Don't know	<input type="checkbox"/>	4	

9=missing

7.2 What is your present weight ?
(Indoor clothes, no shoes)

st. lb. kg

q5q7_2wt_st

q5q7_2wt_lb

Stones

pounds

If you have no scale, please fill in an estimate.

8.0 PERSONAL CIRCUMSTANCES

8.1 Are you:

- | | | | |
|--------------------------------|--------------------------|---|--------|
| Married | <input type="checkbox"/> | 1 | q5q8_1 |
| Single | <input type="checkbox"/> | 2 | |
| Widowed | <input type="checkbox"/> | 3 | |
| Other e.g. divorced, separated | <input type="checkbox"/> | 4 | |

8.2 If married, does your wife work?

- | | | | |
|-----------------|--------------------------|---|--------|
| No | <input type="checkbox"/> | 1 | q5q8_2 |
| Yes – part-time | <input type="checkbox"/> | 2 | |
| Yes – full-time | <input type="checkbox"/> | 3 | |

8.3 Please describe your accommodation. Are you:

- | | | | |
|--------------------------|--------------------------|---|--------|
| An owner – occupier | <input type="checkbox"/> | 1 | q5q8_3 |
| Renting privately | <input type="checkbox"/> | 2 | |
| Renting from the council | <input type="checkbox"/> | 3 | |
| Other | <input type="checkbox"/> | 4 | |

8.4 How many cars are there available for use in your household?

- | | | | |
|-------------|--------------------------|---|--------|
| None | <input type="checkbox"/> | 1 | q5q8_4 |
| One | <input type="checkbox"/> | 2 | |
| Two or more | <input type="checkbox"/> | 3 | |

9.0 SMOKING

9.1 Do you regularly smoke cigarettes?

- | | | | |
|-----|--------------------------|---|--------|
| YES | <input type="checkbox"/> | 1 | q5q9_1 |
| NO | <input type="checkbox"/> | 2 | |

9.2 IF YES, how many cigarettes do you usually smoke a day? q5q9_2

9.3 Do you regularly smoke a pipe or cigars?

- | | | | |
|-----|--------------------------|---|--------|
| YES | <input type="checkbox"/> | 1 | q5q9_3 |
| NO | <input type="checkbox"/> | 2 | |

NOTE: Serious non-response in this question

10.0 DRINKING

10.1 Would you describe your present alcohol intake as

q5q10_1	Daily / most days	<input type="checkbox"/>	1
	Weekends only	<input type="checkbox"/>	2
	Once or twice a month or special occasions	<input type="checkbox"/>	3
	None	<input type="checkbox"/>	4

10.2 How much do you usually take?

q5q10_2	More than 6 drinks a day	1	<input type="checkbox"/>
	3-6 drinks a day	2	<input type="checkbox"/>
	2 drinks a day or less	3	<input type="checkbox"/>
	Any additional information		

One drink is half a pint of beer, a single whisky, gin or brandy, a glass of wine or sherry.
COUNT PINTS OR DOUBLES AS 2 DRINKS.

.....
FOR NON-DRINKERS ONLY – please answer these questions:-

10.3 Why do you not drink at present?

Personal choice	<input type="checkbox"/>	1	q5q10_3
Doctor's advice	<input type="checkbox"/>	2	
Definite illness	<input type="checkbox"/>	3	
Name of illness.....		4 = other reason	
Other reasons (state).....			

10.4 Did you drink in the past?

YES	<input type="checkbox"/>	1	q5q10_4
NO	<input type="checkbox"/>	2	

10.5 If YES, would you describe your PREVIOUS alcohol intake as

q5q10_5	Daily / most days	<input type="checkbox"/>	1
	Weekends only	<input type="checkbox"/>	2
	Once or twice a month or special occasions	<input type="checkbox"/>	3

10.6 How much DID you usually take when you were drinking?

q5q10_6	More than 6 drinks a day	1	<input type="checkbox"/>
	3-6 drinks a day	2	<input type="checkbox"/>
	2 drinks a day or less	3	<input type="checkbox"/>

One drink is half a pint of beer, a single whisky, gin or brandy, a glass of wine or sherry.
COUNT PINTS OR DOUBLES AS 2 DRINKS.

11.0 PRESENT EMPLOYMENT

11.1 AT PRESENT are you:

- | | | | |
|---------------------|--------------------------|------------------------|----------|
| Employed full-time | <input type="checkbox"/> | 1 | q5q11_1 |
| Employed part-time | <input type="checkbox"/> | 2 | q5q11_1a |
| Unemployed | <input type="checkbox"/> | 3 | |
| Registered Disabled | <input type="checkbox"/> | 4 | |
| Retired | <input type="checkbox"/> | 5 | |
| | | 6= on invalidit | |

Note: when two boxes were ticked the second response was recorded in a new/additional variable 11.1a

11.1a Coded 1-6 as above

11.2 IF RETIRED:

- | | | |
|---|--------------------------|---|
| Age at retirement | <input type="text"/> | q5q11_2_age |
| <u>Reason for retirement</u> | | |
| Normal retiring age | <input type="checkbox"/> | 1 |
| Illness (completely or in part) | <input type="checkbox"/> | 2 |
| Other reasons | <input type="checkbox"/> | 3 4=Redundancy, 5=Redundancy and illness |
| Please give details (of illness or other reasons) | | |

IF UNEMPLOYED AT PRESENT Please answer the following questions:-

11.3	How long have you been unemployed on this occasion	.q5q11_3_months
		months
11.4	Reasons for present unemployment		Note:
	Redundancy	<input type="checkbox"/>	98=over 8 years/
	Illness (completely or in part)	<input type="checkbox"/>	96 months
	Other reasons	<input type="checkbox"/>	q5q11_4
	Please give details	

12.0 TO BE ANSWERED BY EVERYONE- whether employed, unemployed or retired.
 This question is about any unemployment in the last five years, i.e. since you were examined by our nurses.

12.1 Have you had any periods of unemployment in the past five years?
 (apart from any present unemployment)

YES	<input type="checkbox"/>	1	q5q12_1
NO	<input type="checkbox"/>	2	
Continuous unemployment		=8	
Missing		=9	

IF YES, please answer the following questions:-

12.2 How many separate periods of unemployment have you had in the past five years (excluding present unemployment)?

1	<input type="checkbox"/>	1	q5q12_2
2	<input type="checkbox"/>	2	
3 or more	<input type="checkbox"/>	3	

12.3 How long was the longest of these periods of unemployment (not counting any present unemployment)? Months
q5q12_3

12.4 Reasons for longest period of unemployment

Redundancy	<input type="checkbox"/>	1	q5q12_4
Illness (completely or in part)	<input type="checkbox"/>	2	
Other reasons	<input type="checkbox"/>	3	

Please give details

13.0 TO BE ANSWERED BY EVERYONE- whether employed, unemployed or retired.

In the 5 years, BEFORE you were examined by the nurses:

13.1 Were you unemployed at any time?

YES 1
NO 2
Continuous unemployment =3
Missing =9

q5q13_1

IF YES, please answer the following questions:-

13.2 How long was the longest period of unemployment? **q5q13_2** - **Months**

13.3 Reasons for longest period of unemployment

Redundancy 1
Illness (completely or in part) 2
Other reasons 3

q5q13_3

Please give details

.....

Redundancy and illness=5

q5coder

Questionnaire Coder _____

Questionnaire completed by someone other than the man himself q5completed_by_other **(1=Yes)**

PLEASE READ THROUGH FROM THE BEGINNING AND CHECK THAT YOU HAVE ANSWERED ALL THE RELEVANT QUESTIONS. THEN, PLEASE RETURN THESE PAGES TO US IN THE ENVELOPE.

THANK YOU.